



HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2009
OF THE CONDITION AND AFFAIRS OF THE

Pro Care Health Plan, Inc.

NAIC Group Code 0000 (Current Period), 0000 (Prior Period) NAIC Company Code 11081 Employer's ID Number 38-3295207

Organized under the Laws of Michigan, State of Domicile or Port of Entry Michigan

Country of Domicile United States

Licensed as business type: Life, Accident & Health [], Property/Casualty [], Dental Service Corporation [], Vision Service Corporation [], Other [], Health Maintenance Organization [X], Hospital, Medical & Dental Service or Indemnity [], Is HMO, Federally Qualified? Yes [] No [X]

Incorporated/Organized 09/29/1995 Commenced Business 12/19/2000

Statutory Home Office 3968 Mount Elliott (Street and Number), Detroit, MI 48207 (City or Town, State and Zip Code)

Main Administrative Office 3968 Mount Elliott (Street and Number), Detroit, MI 48207 (City or Town, State and Zip Code), 313-925-4607 (Area Code) (Telephone Number)

Mail Address 3968 Mt. Elliott St. (Street and Number or P.O. Box), Detroit, MI 48207 (City or Town, State and Zip Code)

Primary Location of Books and Records 3968 Mount Elliott (Street and Number), Detroit, MI 48207 (City or Town, State and Zip Code), 313-267-0307 (Area Code) (Telephone Number)

Internet Website Address Procarehp.com

Statutory Statement Contact Jaspinder Sachdev JD (Name), 313-267-0307 (Area Code) (Telephone Number) (Extension), jsachdev@procarehp.com (E-mail Address), 313-925-0322 (FAX Number)

OFFICERS

Name	Title	Name	Title
Augustine Kole-James, MD	President & CEO	Robin Cole, RN,MBA	Secretary
Jaspinder Sachdev, J.D.	CFO	Harold Montgomery, CPA	Treasurer

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Robin Cole, RN,MBA RN	Berlinda Webb	Nancy Quarles	Augustine Kole-James, MD
Harold Montgomery, CPA	Claudia Austin		

State of Michigan

ss

County of Wayne

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Augustine Kole-James, MD
President & CEO

Robin Cole, RN,MBA
Secretary

Jaspinder Sachdev, J.D.
CFO

Subscribed and sworn to before me this day of ,

a. Is this an original filing? Yes [X] No []

b. If no,

1. State the amendment number

2. Date filed

3. Number of pages attached

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Pro Care Health Plan, Inc.

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Pro Care Health Plan, Inc.

EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

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ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Pro Care Health Plan, Inc.

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
	NONE			
0199999 Individually listed payables.....		0	0	0
0299999 Payables not individually listed				
0399999 Total gross payables		0	0	0

EXHIBIT 7 PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	1,074,066	50.3	1,423	100.0	1,074,066	0
2. Intermediaries	0	0.0		0.0		
3. All other providers	0	0.0		0.0		
4. Total capitation payments	1,074,066	50.3	1,423	100.0	1,074,066	0
Other Payments:						
5. Fee-for-service	1,060,706	49.7	XXX	XXX	1,060,706	0
6. Contractual fee payments	0	0.0	XXX	XXX		
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	1,060,706	49.7	XXX	XXX	1,060,706	0
13. Total (Line 4 plus Line 12)	2,134,772	100 %	XXX	XXX	2,134,772	0

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
	NONE				
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	173,301		0	0	0	0
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	173,301	0	0	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Pro Care Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Pro Care Health Plan, Inc. 2. (LOCATION)

NAIC Group Code	0000	BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2009				NAIC Company Code		11081
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	827								827	
2. First Quarter	955								955	
3. Second Quarter	997								997	
4. Third Quarter	1,251								1,251	
5. Current Year	1,423								1,423	
6. Current Year Member Months	13,475								13,475	
Total Member Ambulatory Encounters for Year:										
7. Physician	1,347								1,347	
8. Non-Physician	5,662								5,662	
9. Total	7,009	0	0	0	0	0	0	0	7,009	0
10. Hospital Patient Days Incurred	292								292	
11. Number of Inpatient Admissions	110								110	
12. Health Premiums Written (b).....	4,491,151								4,491,151	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	4,491,151								4,491,151	
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	2,134,772								2,134,772	
18. Amount Incurred for Provision of Health Care Services	2,817,366								2,817,366	

(a) For health business: number of persons insured under PPO managed care products and number of persons under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$



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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Pro Care Health Plan, Inc. 2. (LOCATION)

NAIC Group Code	0000	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2009					NAIC Company Code		11081
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	827	0	0	0	0	0	0	0	827	0	
2. First Quarter	955	0	0	0	0	0	0	0	955	0	
3. Second Quarter	997	0	0	0	0	0	0	0	997	0	
4. Third Quarter	1,251	0	0	0	0	0	0	0	1,251	0	
5. Current Year	1,423	0	0	0	0	0	0	0	1,423	0	
6. Current Year Member Months	13,475	0	0	0	0	0	0	0	13,475	0	
Total Member Ambulatory Encounters for Year:											
7. Physician	1,347	0	0	0	0	0	0	0	1,347	0	
8. Non-Physician	5,662	0	0	0	0	0	0	0	5,662	0	
9. Total	7,009	0	0	0	0	0	0	0	7,009	0	
10. Hospital Patient Days Incurred	292	0	0	0	0	0	0	0	292	0	
11. Number of Inpatient Admissions	110	0	0	0	0	0	0	0	110	0	
12. Health Premiums Written (b).....	4,491,151	0	0	0	0	0	0	0	4,491,151	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned.....	4,491,151	0	0	0	0	0	0	0	4,491,151	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	2,134,772	0	0	0	0	0	0	0	2,134,772	0	
18. Amount Incurred for Provision of Health Care Services	2,817,366	0	0	0	0	0	0	0	2,817,366	0	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 0

29.GT

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

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ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Pro Care Health Plan, Inc.

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

[illegible]

Schedule S-Part 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2009	2 2008	3 2007	4 2006	5 2005
A. OPERATIONS ITEMS					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	72	42	32	30	58
4. Commissions and reinsurance expense allowance.....	0	0	0	0	0
5. Total hospital and medical expenses.....	2,817	0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable	0	0	0	0	0
7. Claims payable.....	1,389	0	0	0	0
8. Reinsurance recoverable on paid losses.....	0	0	0	0	0
9. Experience rating refunds due or unpaid.....	0	0	0	0	0
10. Commissions and reinsurance expense allowances unpaid.....	0	0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F).....	0	0	0	0	0
13. Letters of credit (L).....	0	0	0	0	0
14. Trust agreements (T).....	0	0	0	0	0
15. Other (O)	0	0	0	0	0

SCHEDULE S-PART 6
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10).....	3,539,103	0	3,539,103
2. Accident and health premiums due and unpaid (Line 13).....	0	0	0
3. Amounts recoverable from reinsurers (Line 14.1).....	0	0	0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	100,599	0	100,599
6. Total assets (Line 26)	3,639,702	0	3,639,702
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	1,389,152	0	1,389,152
8. Accrued medical incentive pool and bonus payments (Line 2).....	0	0	0
9. Premiums received in advance (Line 8).....	0	0	0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17).....	0	0	0
11. Reinsurance in unauthorized companies (Line 18).....	0	0	0
12. All other liabilities (Balance).....	104,958	0	104,958
13. Total liabilities (Line 22).....	1,494,110	0	1,494,110
14. Total capital and surplus (Line 31).....	2,145,592	XXX	2,145,592
15. Total liabilities, capital and surplus (Line 32)	3,639,702	0	3,639,702
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid.....	0		
17. Accrued medical incentive pool.....	0		
18. Premiums received in advance	0		
19. Reinsurance recoverable on paid losses	0		
20. Other ceded reinsurance recoverables	0		
21. Total ceded reinsurance recoverables	0		
22. Premiums receivable	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24. Unauthorized reinsurance	0		
25. Other ceded reinsurance payables/offsets	0		
26. Total ceded reinsurance payables/offsets	0		
27. Total net credit for ceded reinsurance	0		

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only					
		1	2	3	4	5	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL						0
2. Alaska	AK						0
3. Arizona	AZ						0
4. Arkansas	AR						0
5. California	CA						0
6. Colorado	CO						0
7. Connecticut	CT						0
8. Delaware	DE						0
9. District of Columbia	DC						0
10. Florida	FL						0
11. Georgia	GA						0
12. Hawaii	HI						0
13. Idaho	ID						0
14. Illinois	IL						0
15. Indiana	IN						0
16. Iowa	IA						0
17. Kansas	KS						0
18. Kentucky	KY						0
19. Louisiana	LA						0
20. Maine	ME						0
21. Maryland	MD						0
22. Massachusetts	MA						0
23. Michigan	MI						0
24. Minnesota	MN						0
25. Mississippi	MS						0
26. Missouri	MO						0
27. Montana	MT						0
28. Nebraska	NE						0
29. Nevada	NV						0
30. New Hampshire	NH						0
31. New Jersey	NJ						0
32. New Mexico	NM						0
33. New York	NY						0
34. North Carolina	NC						0
35. North Dakota	ND						0
36. Ohio	OH						0
37. Oklahoma	OK						0
38. Oregon	OR						0
39. Pennsylvania	PA						0
40. Rhode Island	RI						0
41. South Carolina	SC						0
42. South Dakota	SD						0
43. Tennessee	TN						0
44. Texas	TX						0
45. Utah	UT						0
46. Vermont	VT						0
47. Virginia	VA						0
48. Washington	WA						0
49. West Virginia	WV						0
50. Wisconsin	WI						0
51. Wyoming	WY						0
52. American Samoa	AS						0
53. Guam	GU						0
54. Puerto Rico	PR						0
55. U.S. Virgin Islands	VI						0
56. Northern Mariana Islands	MP						0
57. Canada	CN						0
58. Aggregate Other Alien	OT						0
59. Totals		0	0	0	0	0	0

NONE

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PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

[illegible]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

- | | Responses |
|---|---------------|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? |YES..... |
| 2. Will an actuarial opinion be filed by March 1? |YES..... |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? |YES..... |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? |YES..... |

APRIL FILING

- | | |
|--|---------------|
| 5. Will Management's Discussion and Analysis be filed by April 1? |YES..... |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? |YES..... |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? |YES..... |

JUNE FILING

- | | |
|--|---------------|
| 8. Will an audited financial report be filed by June 1? |YES..... |
| 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? |YES..... |

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

- | | |
|--|---------------------------|
| 10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? |NO..... |
| 11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? |NO..... |
| 12. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? |NO..... |
| 13. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? |SEE EXPLANATION..... |
| 14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? |NO..... |
| 15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatories 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? |NO..... |
| 16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? |NO..... |





APRIL FILING

- | | |
|---|--------------|
| 17. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? |NO..... |
| 18. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? |NO..... |
| 19. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? |NO..... |






EXPLANATION:

10.
11.
12.
13. Augustine Kole-James owns 100% of Stocks issued and outstanding. Requirement is 100 or more Stock holders.
14.
15.
16.
17.
18.
19.

BAR CODE:

- | | |
|-----|--|
| 10. | 
1 1 0 8 1 2 0 0 9 3 6 0 5 9 0 0 0 |
| 11. | 
1 1 0 8 1 2 0 0 9 2 0 5 0 0 0 0 0 |
| 12. | 
1 1 0 8 1 2 0 0 9 2 0 7 0 0 0 0 0 |
| 14. | 
1 1 0 8 1 2 0 0 9 3 7 1 0 0 0 0 0 |

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

15.	 1 1 0 8 1 2 0 0 9 3 7 0 0 0 0 0 0
16.	 1 1 0 8 1 2 0 0 9 3 6 5 0 0 0 0 0
17.	 1 1 0 8 1 2 0 0 9 3 0 6 0 0 0 0 0
18.	 1 1 0 8 1 2 0 0 9 2 1 1 5 9 0 0 0
19.	 1 1 0 8 1 2 0 0 9 2 1 3 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

M014 Additional Aggregate Lines for Page 14 Line 25.
*EXEXP - Underwriting and Investment Exhibit - Part 3

	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
2504. Payroll service fees.....			3,125		3,125
2505. Subscription and Publications.....			1,118		1,118
2506. Contributions.....			26,864		26,864
2507. Credentialing expense.....			10,227		10,227
2508. Software expense.....			2,675		2,675
2509. Fine & penalties.....			132		132
2510. Meal / entertainment.....			6,853		6,853
2511. MBT (State income tax).....			4,522		4,522
2512. Janitorial expenses.....			163		163
2513. Lease expense.....			12		12
2514. Use tax.....			210,500		210,500
2515. Membership fees.....			27,308		27,308
2516. Miscellaneous exp.....			4,109		4,109
2517. Adminstrative revenue - affiliate.....			0		0
2518. Repair & Maintenance.....			5,300		5,300
2519. Delivery expense.....			1,684		1,684
2520. Dental Insurance.....			874		874
2521. Disability Insurance.....			2,137		2,137
2522. Federal tax expense.....			5,867		5,867
2523. Health Insurance.....			65,111		65,111
2524. Administrative revenue - Affiliate.....			(60,000)		(60,000)
2525. MBTaxes.....			8,681		8,681
2526. Business Insurance.....			(11,333)		(11,333)
2597. Summary of remaining write-ins for Line 25 from Page 14	0	0	315,929	0	315,929

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